MCG Today

Medical College of Georgia, Fall 1984, Vol. 13, No. 3, USPS 867340

SPECIAL BENCHMARK ISSUE

1983-84 Annual Fund year strongest ever

BEHIND THE LINES

This "Benchmark" issue honors supporters of the Medical College of Georgia — friends who are helping MCG to continue its great tradition of leadership in health education and healthcare delivery — friends for whom we are deeply grateful.

Always active in medical research, MCG is taking steps to become a leader in this field. Mandy Roth gives us a "Research Update" on the never-ending battle to conquer arthritic pain, glaucoma, cancer and other maladies. She also reports on some futuristic tools used in this battle.

The next issue will be a colorful review of a big event in MCG history — the inauguration of Dr. Jesse L. Steinfeld as the fifth president.

If you were present at the inauguration you probably saw the distinctive, new MCG ties and scarves which were designed during the inauguration activities. These are now available and make excellent gifts for alumni and friends any time of the year.

JCA

MCG Today

Vol. 13, No. 3, USPS 867340

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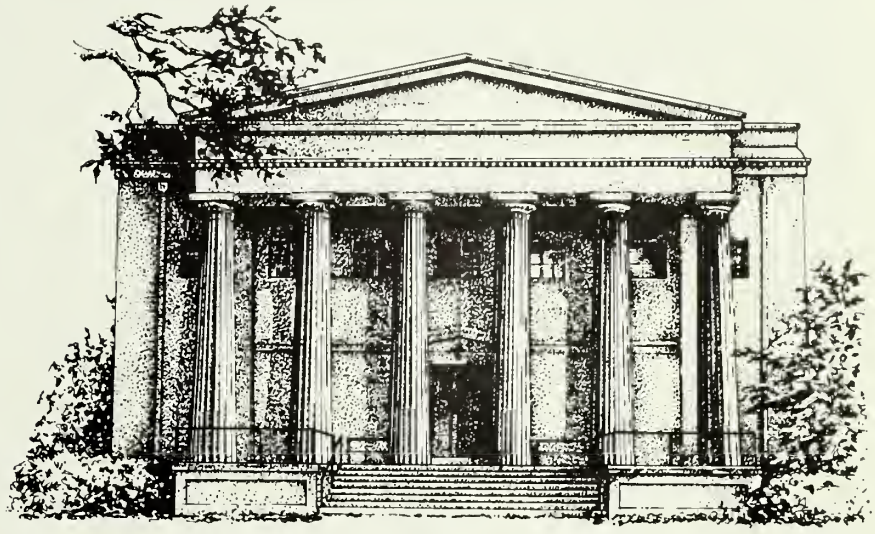

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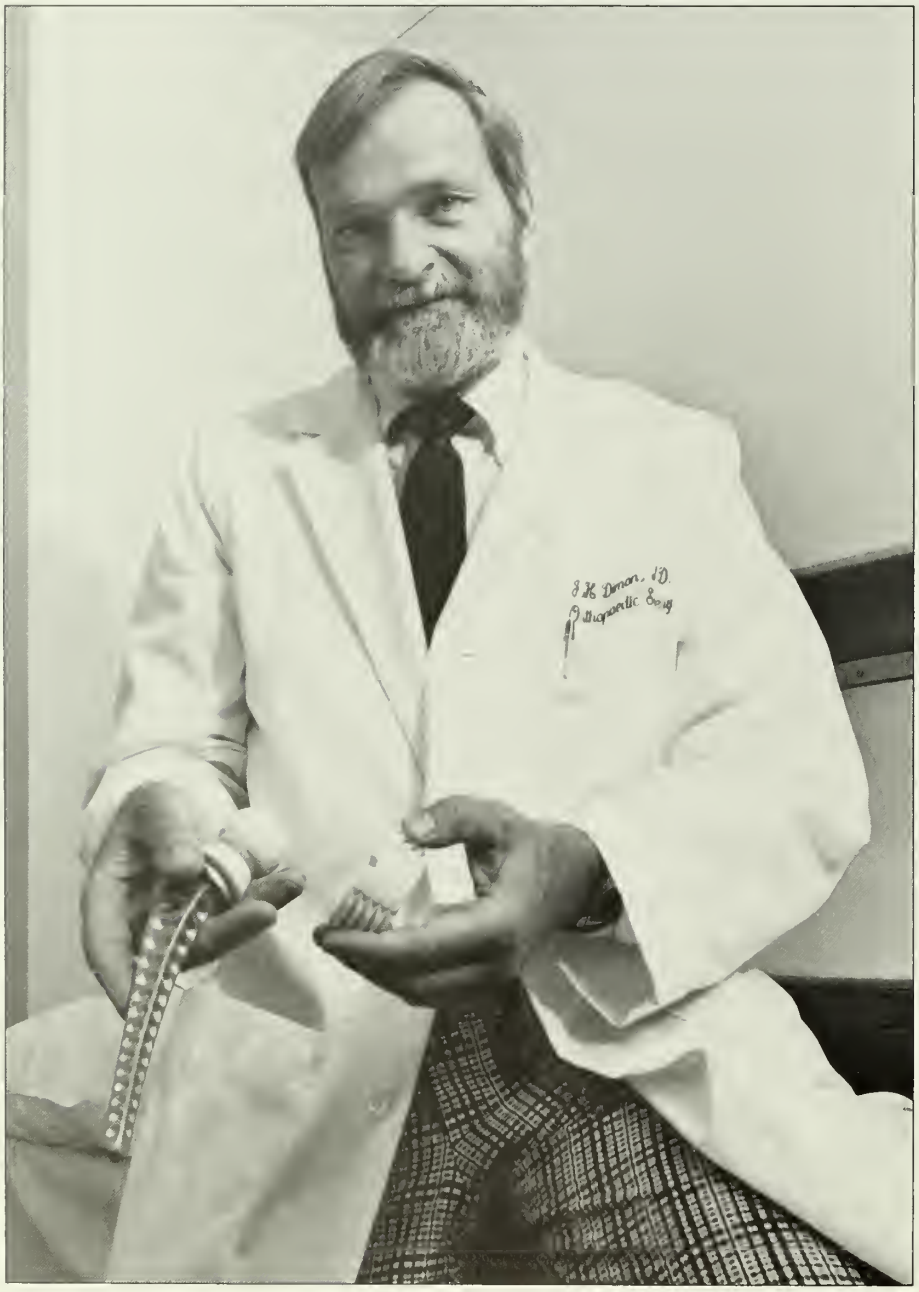
CAMPUS NEWS



Dimon named new orthopedics chief

Dr. Joseph H. Dimon III, the new chief of orthopedics at MCG, specializes in hip surgery and hip joint replacements, but he'll be the first to admit there's "nothing as good as the hip the Lord makes."

"Don't throw away the cane and aspirin," Dimon advises. "Hip replacement surgery isn't always the answer. If you can live a reasonable life without it, that's fine."

Dimon comes to his MCG position from Atlanta where he has been in the private practice of orthopedic surgery at the Peachtree Orthopedic Clinic and Piedmont hospital for 24 years. He also served as clinical assistant professor at the Emory University School of Medicine.

Dimon's primary interest in orthopedics has been hip surgery in adults and children, with a particular interest in total hip joint replacement.

"There are new techniques in replacement that look very promising," he says, especially the ceramic total hip and other non-cementable varieties he has been working with for the past several years.

Candidates for hip replacement surgery are, in general, people with disabling pain due to arthritis of the hip joint — pain that cannot be controlled by weight loss, use of a cane and mild medication.

Dimon and his former Atlanta orthopedic partners served as team physicians for the Atlanta Hawks, Falcons, and Braves, with Dimon being primarily responsible for the Hawks.

Occupational therapy assistant program begins

The Board of Regents has given approval for MCG to offer an associate in science, occupational therapy assistant degree, effective September 1984.

Nancy Prendergast, professor and chairman of the Department of Occupational Therapy, says, "We are offering this new program in response to the tremendous requests for technical level occupational therapy personnel for the state of Georgia.

"There is a severe shortage of occupational therapists at both the professional and technical levels," she explains. "In 1982 there were only 24 certified occupational therapy assistants in Georgia, with a ratio of one to 348,400 population. The national ratio is one to 39,000. Georgia should have at least 91 occupational therapy assistants to meet the present needs."

Occupational therapist assistants work in general hospitals, hospice programs and nursing homes. Also, school systems are required by state and federal laws to provide needed occupational therapy services for handicapped children.

CAMPUS NEWS

Smith named acting VP for development

Dr. J. Graham Smith, professor and chairman of the Department of Dermatology, has been chosen to serve as acting vice-president for development at MCG. He replaces Dr. Fairfield Goodale who left in June.

"I am very pleased to accept this position," Smith says. "I will initially be reviewing information that Dr. Goodale collected as acting vice-president and familiarizing myself with the responsibilities of the position. Later, I will develop priorities to move this important area forward."

Smith graduated from Duke University with an M.D. degree and served residencies at Duke Hospital in Durham, N. C., and at Jackson Memorial Hospital in Miami. He came to MCG in 1967 and served as acting chairman of the Department of Pathology from 1973 to 1975.

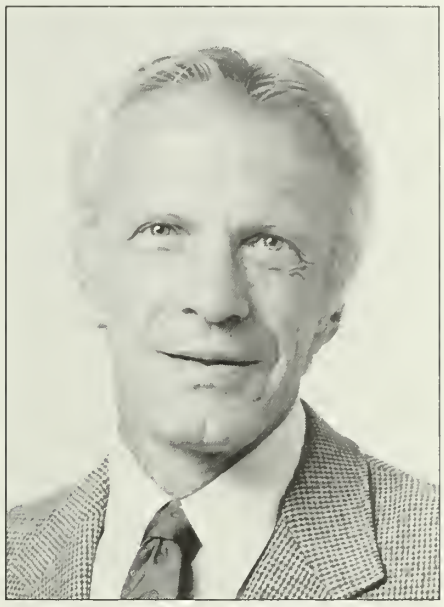
He serves as president-elect of the Association of Professors of Dermatology. He is chairman of the dermatology section council of the American Medical Association. Smith was president of the American Dermatological Association in 1981-82, the American Board of Dermatology in 1980-81, and the Society for Investigative Dermatology in 1979-80.

The new acting vice-president serves on the editorial boards of several national journals, is chief editor of the Journal of the American Academy of Dermatology and has served on many national committees.

Faculty Assembly names six outstanding professors

MCG's Faculty Assembly has honored six professors as this year's outstanding faculty members.

Named were Dr. David Myers of the School of Dentistry, Dr. Linda Ellis of the School of Nursing, Dr. David Pashley of the School of Graduate Studies, Dr. Stanley Etersque from the General Programs Faculty, Dr. Fairfield Goodale of the School of Medicine and Julia Crowley of the School of Allied Health Sciences.



Dr. Ernest Altekruse

MCG physician selected as medical coordinator for 1984 Augusta Regatta

It is not known if physicians attended the rowers during the first regatta held on the Savannah River in 1837. But the participants in the 1984 Augusta Invitational Regatta were well taken care of by Dr. Ernest Altekruse, assistant professor of Family Medicine at MCG.

The selection was not a case of drawing a name out of a hat: Altekruse comes to his rowing credentials legitimately.

"I got involved in competitive rowing through my son, Charlie, who studied at Partora Royal School in the lake country of Northern Ireland," Altekruse says. "Rowing in that area is like jogging in the U.S., so Charlie, who was always active in sports, became interested in rowing."

Having been bitten by the bug, Altekruse traveled with the U. S. national team to competition in the World Championships in Vellach, Austria, in 1978. After regattas in Bled, Yugoslavia (1979), and Henley, England, (1980), he was appointed team physician for the U. S. team at the 1982 World Championships in Lucerne, Switzerland, and again in 1983 when the World Championships were held in Duisburg, West Germany.

Moretz honored in Regents action

Dr. William H. Moretz has been named professor emeritus of surgery by the Board of Regents of the University System of Georgia. The action occurred at the board's March meeting.

Moretz served as professor and chairman of the Department of Surgery at MCG from 1955 until 1972. During this time he also served as chief of surgery for Talmadge Hospital. From 1972 until 1983 he served as president of the Medical College.

Edwards named to dental school post

Dr. Wallace Edwards has been named associate dean for academic affairs in the School of Dentistry at MCG. He replaces Dr. Thomas Zwemer who has been appointed vice-president for academic affairs.

In announcing the appointment, Dean Judson Hickey said the responsibilities of the position would include those currently being handled by the associate dean for students in addition to those related to the curricular activities of the dental school. The position will still be called associate dean for academic affairs.

Edwards received his doctor of dental surgery degree from the Medical College of Virginia. He serves as associate professor and vice chairman of the Department of Restorative Dentistry.

Webster named interim dean

Dr. Paul Webster, chairman of the Department of Medicine, has been named interim dean of the School of Medicine by President Jesse Steinfeld.

A search committee has been formed to find a permanent dean to replace Dr. Fairfield.

A new dean is expected to be selected by July 1985.

Steinfeld also announced that Dr. Joseph Bailey has been named Charbonnier Professor of Medicine.

CAMPUS NEWS

Steinfeld names new VP, Associate VP

President Jesse L. Steinfeld has announced the appointments of Dr. Thomas Zwemer as vice-president for academic affairs and Dr. Lois Ellison as associate vice-president for planning (hospitals and clinics).

Zwemer, who currently serves as associate dean for academic affairs in the School of Dentistry and professor and acting chairman of the Department of Orthodontics, will continue his duties in the dental school.

Ellison, who had been serving as acting vice-president for academic affairs, will also retain her responsibilities as professor of medicine and surgery and director of the pulmonary blood gas laboratories.

Rinker selected Georgia's top Med Tech

Geraldine Rinker of MCG has been named Medical Technologist of the year by the Georgia Society for Medical Technology.

Rinker received nominations from medical technologists throughout the state for this honor which is based on service to the profession of clinical laboratory science and to the Georgia Society for Medical Technology.

At MCG, Rinker is associate professor in the Department of Medical Technology, School of Allied Health Sciences, and administrative technologist in Clinical Pathology Laboratories. She also serves on the faculty of the Department of Pathology in the School of Medicine.

Faculty Senate selects outstanding researchers, clinicians and teachers

Four Distinguished Faculty Awards were presented and two Outstanding Young Faculty were named in June ceremonies at MCG.

Drs. Abdulla M. Abdulla, Keith Green, Roy Witherington and Fairfield Goodale were recipients of the Distinguished Faculty Awards. These awards were presented for outstanding individual accomplishments in teaching, research, patient care and institutional service, respectively. Named Outstanding Young Faculty were Dr. Robert S. Aronstam for basic sciences and Dr. Paul S. Mote for clinical sciences.

Residency appointments for senior medical students

Ninety percent of MCG senior medical students participating in a national program will spend the next several years of their training at one of the top three hospitals of their choice.

This year 156 students (out of a class of 180) participated in the National Internship and Residency Program, commonly called the matching program. Previously, the students indicated their preference of hospitals in which to serve their residency.

Appointments were determined nationwide according to a computerized process. Announcements were made simultaneously in medical schools across the country.

Ninety percent of MCG students were placed in one of their top three choices; 67 percent received their first preference. The few who were unmatched were able to obtain placements by the time matches were announced.

This year 70 percent of the placements were in major teaching hospitals. The students will be located in 28 states with two-thirds in the Southeast and one-third in Georgia.

1984 Commencement Address

by Dr. Jesse L. Steinfeld

It is a particular honor to be chosen as speaker at this, my first, commencement at the Medical College of Georgia. I'm entering MCG as you are leaving. I hope you are as proud of your education as the faculty are proud of your accomplishments. MCG will be your alma mater for all time. We hope we can continue to improve all of our activities, so that as graduates, you will continue to have an ever-increasing pride in your alma mater. You have chosen a noble career. Helping other people to recover their health, to maintain it, or to improve it is clearly as noble a profession as exists on earth. As you graduate I would like to leave several thoughts with you.

First, as physicians, nurses, dentists, occupational therapists or physical therapists, basic scientists, or other health professionals, your roles are changing significantly from what they were quite recently. For example, life expectancy in 3000 BC was 18 years; by 1900 AD it had risen to 47 years. Since 1900, life expectancy has increased to 74 years. The increase in life expectancy of 26 years in the last three-fourths of a century equals that of the previous 5000 years. Now, as health professionals delivering personal health care, we would like to take credit for this remarkable increase in longevity. And, I should add, in the quality of life for most individuals as well. But actually, personal health care had little to do with this increase in longevity. Most of it resulted from improved sanitation, improved nutrition, improved housing, improved working conditions, purification of water supplies, purification of food supplies such as pasteurization of milk, development of immunizing techniques and the control of the childhood infectious diseases. Of course there is a contribution from the delivery of personal health care services.

In improving longevity in the United States we have done very well when our citizens could remain passive. That is, they could have the water supplies purified for them. They could have sewage systems installed. Pure and uncontaminated nutritious food was made available. Immunizing agents were developed and the citizen merely had to hold out an arm for an injection or swallow an oral immunizing agent, as for polio. The citizen did not have to take an active and continuing role in his own behalf. Disease was viewed as something evil, due to an outside agent, which could be avoided or if not avoided, then eradicated through therapy.

But unlike during the first 200 years of its existence, when infectious and nutritional diseases were the big killers, now the three major causes of death in the U.S. are the cardiovascular diseases, cancers, and accidents. The state of our knowledge in 1984 indicates that the food we eat; the exercise we don't get; the mental stresses we subject ourselves to; and the drugs that we take for recreational purposes, including alcohol and tobacco, are the major causes of heart disease, cancer and accidents. Does this have significance for what you as health professionals should do? Yes. It has a remarkable significance, because even some of the diseases associated with our behavior or life style are coming under control, as people stop smoking, or choose a low tar, low nicotine, filter cigarette; drink in moderation or drink "lighter beverages"; and, as people begin to realize the adverse effects of drug abuse. But this realization has not come about in a vacuum. It would have been likely and not inappropriate for a physician thirty or forty years ago, if he were successful, to be reasonably obese, sedentary, and a moderate user of alcohol and tobacco.

Whether you realize it or not, with your entry into the health professions, even as a student, you have become a role model for your patients and for other health professionals. As graduates and practitioners you will be role models for the undergraduates, and you will be role models not only for your patients and their families but for your

own families as well. You will have to keep reminding yourself of this throughout your career.

There are two very real ways in which you, individually and collectively, can fulfill society's expectations of you as a role model. The first, especially considering your chosen profession, is by what you say and do. By this I refer to your professional practice. Of course you will deliver quality health care in clinical terms — that is a given. And, of course, you will always do what is best for your patients, but you must develop a perspective of a continuum of health care for the patient as a whole, rather than from the narrow point of view of a specific diagnosis and/or treatment of a specific disease. You must tell the patient not only about the illness, but also suggest positive action on his part so that he may avoid recurrence of his current illness or the onset of another. You must act the part of a physician, dentist, nurse or other professional. It is inappropriate for you to advise others to give up smoking, especially if you give that advice while puffing on a cigarette. It is inappropriate for you to suggest that your patients watch their diet and lose weight if you are obviously obese, and it is inappropriate for you to prescribe exercise if you yourself avoid it like the plague.

Those of you who have become physicians, even when you have physicians as patients, must remember that they will hang on to, listen carefully, and interpret over and over, your every word, the nuances with which you utter those words and the body language which accompanies those words. When the sick come to you for help, they place not only their ailing bodies in your hands, but their psyches as well.

I believe, that in the last 20 years, perhaps as a result of the pervasive influence of television and the explosion in other forms of communication as well, that we are seeing significant life style changes and I believe that not only do your patients have a right to expect you to be a role model, but you have a duty to them, and to yourself and your families, to live a healthy life.

A second thought I'd like to leave with you relates to humanism, ethics, literature, music — your life outside of medical practice.

Oscar Wilde observed that "nothing that is worth knowing can be taught." Of course, I don't believe this literally — or I couldn't justify my life in the field of education and medicine. What I think Wilde meant was that learning does not make us wise. What you have learned in college is not an education, but only a means to an education — a sort of companion to accompany you through life — where you will get ideas out of experience. An experience is not simply a name we give to our mistakes. Men are wise in proportion, not to their experiences, but to their capacity *for* learning from experience. My own definition of an intelligent individual is one who learns not only from his own mistakes, but from the mistakes of others as well. Blessed is he who does not have to personally make every mistake in the Book of Life.

Every few years since the days of Hippocrates, the Elders of Health Science of Medical Education get together, wring their hands and mourn over the scientific narrowness of the new generation of health professionals. The Elders form a Committee, conduct a study, and then recommend a course or courses in ethics and/or economics, or history of civilization or whatever — extra courses as electives or required subjects somewhere from the first through the fourth year of professional education. I'm now older, but I don't subscribe to the curricular theory of the determination of lifelong culture and humanism. A course here or there in medical, dental, or nursing school will make little or no difference and, in fact, may be counterproductive. We tend to set "*education*" off in a separate space from the rest of our lives. It is what happens in schools and colleges between the ages of six and 24. The sad truth is that the learning process comes to an end soon after this for many people. I believe it is possible to inspire our graduates to want to learn new things — to always be curious — but it will take an effort on the part of all of us to accomplish this.

We must vastly expand our ways of thinking about education — of individual development in every way. It is the obligation of the colleges and universities to instill in their students the attitudes towards growth and learning which will carry on throughout life.

You have exciting lives ahead of you — all of you. You all have talents extending beyond medicine. It is you who will determine if you'll spend 10 or 30 minutes a day or a week with the great philosophers, poets, essayists, dramatists, biographers, artists, musicians, historians or novelists of all time. I hope you will. You will be better physicians, children, husbands and wives, parents and associates if you continue to exercise your mind with the great minds of

all times.

And this leads naturally into the penultimate thought I'd like to leave with you. You're going to be very busy in your careers following completion of your training. When you're tired, it's easy — oh so easy — to shout at nurses, doctors, dentists, dental assistants, attendants, and particularly friends and family — because you expect them to understand and adjust. The divorce rate and turnover among families, friends and associates proves that isn't the case. So be kind, be good to your associates and even when you're tired, depressed and would just as soon have them all disappear — because Health Care is not a solo operation — it's a high technology venture requiring many health professionals of diverse talents. And you can't function in your office or hospital if you're fighting with your spouse, parents, children, siblings or associates. Be kind to them and they'll be kind to you. And finally — if you're sleeping three hours a night, eating on the run, using alcohol, sedatives and stimulants so as to provide 21 hours of the world's finest health care to your patient, care that *only you* in all the world can offer — then, you're in trouble. So be kind to yourself. Of course, take time with your patients. But also take time to eat, to exercise your body and your mind; take time to sleep; take time with your family, for the children will grow rapidly and relatives will age and disappear while you're practicing so intensely and not noticing. If you take care of yourself, not only you but your family, friends and particularly your patients will prosper.

In conclusion, a few words about the society you are entering and your preparation at MCG for your professional health science role in that society. It's common to look back at some previous era as a golden one — an era without problems — an era with good feelings between citizens and among all nations. That was probably never the case — but in your lifetime, more nations — through production of nuclear bombs — will be able deliberately or accidentally to annihilate all civilization. Politicians and businessmen will control more and more the format and organization of the practice of medicine, as well as the types and amounts of professional, and hospital and facility and ancillary activities. Lawyers will play a greater — not a lesser — role in questioning certain medical practices, the use or lack of use of technology, of certain therapies, or life support measures. The news media, TV, radio, newspapers, magazines and computers will provide information at a rate that may be impossible for the professional or the layman to assimilate properly. You will need to spend much time in continuing the education you've begun at MCG — and with all this, you must and should — have time for family and friends.

You may wonder what all this has to do with your hard won knowledge and expertise in the functioning, malfunctioning, and preventive maintenance of the human body. You did not have extensive courses in law, politics, economics, business, ethics, and the "Great Books of Western Civilization." Perhaps you should have, but there wasn't time for all the health science fundamentals and practice, as well as all that you must know and learn in life, to be compressed in a few, short years. But, because you are scientifically so well trained, you can — with appropriate study — become expert in any of these areas and certainly familiar with all of them. Unlike previous generations, you actually will be facing these issues on a continuing basis. I believe that you are *prepared to learn* to face them. I urge you not to ignore the socio-economic, legal and political issues, but become involved. Believe me, everyone outside the health field wants to run the health systems in this country. Seize the opportunity in the coming years and decades to become involved in those larger issues. It is now a challenge for the health professionals to study, and work and recapture control of the complex societal mechanisms, which will determine the fate of your patients and of your careers, and which impact so significantly the economic structure of our cities, states and nation.

These four thoughts then:

First. You are a role model — be one.

Second. You have an intellectual life above and beyond the health sciences — use it.

Third. Practice what I hope you'll preach about wellness, life style and prevention. That's Polonius' advice to Laertes — "Above all else, to thine own self be true."

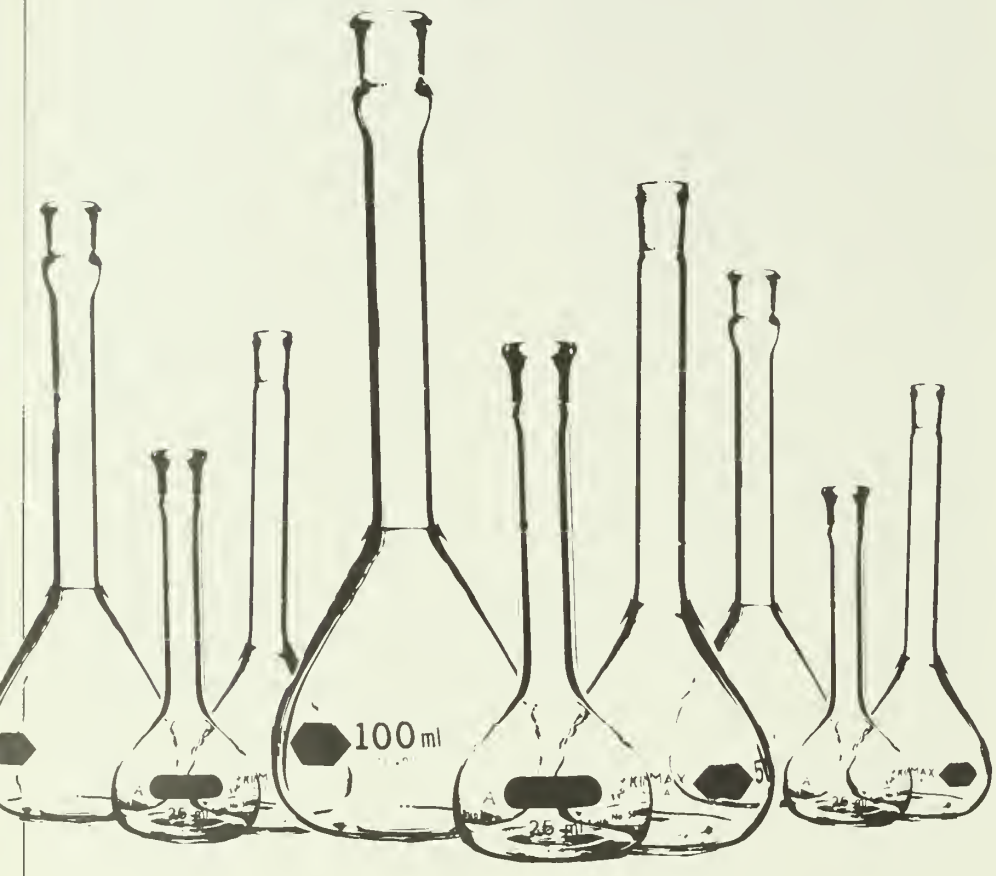
Fourth. Get involved.

I know you will be outstanding practitioners in your chosen fields.

Congratulations, good luck and Godspeed. ■

MCG RESEARCH UPDATE

NEW DEVELOPMENTS • ARTHRITIS ADVANCE • MISSING LINK



by Mandy Roth

Several developments on campus should have significant impact on future research at MCG.

The MCG Research Institute will make $100,000 available to faculty each year for special circumstances. The funds can be used as seed money for new projects or as interim funding to maintain research which has been approved but not funded at the federal level because of the priority score.

During the next three years, 39 graduate assistantships will be established in the School of Graduate Studies. These positions will nearly double the number of graduate students working on MCG research projects.

The master's degree program in nursing has been transferred to the School of Graduate Studies. Meanwhile, nursing officials are seeking to further expand the graduate curriculum. They are pursuing the development of a Ph.D. program in collaboration with the School of Nursing at Georgia State University.

The School of Graduate Studies also may expand its academic program in the future. Under study is a possible degree offering in Health Systems and Information Sciences.

Advances in medicine have become increasingly technological and the acquisition of two futuristic tools should keep MCG at the forefront of these developments.

A request to purchase a Nuclear Magnetic Resonance scanner has cleared the district Health Systems Agency, an approval necessary to buy expensive equipment such as the scanner and its housing facility, which together boast a hefty $3.5 million price tag.

NMR is the latest in body imaging techniques; its impact on medicine in the 1980s possibly mimics that of the CAT scanner in the 1970s. NMR uses a giant magnet and computers to produce internal body images without the dangers associated with radiation.

An appropriate site for the equipment is being selected with the aid of a consulting group. MCG officials estimate the resource will be operational sometime in 1986.

Also arriving on campus in the near future: a new Fluorescent Cell Analyzer/Sorter. Using a procedure known as flow cytometry, this equipment can analyze up to 10,000 cells of human tissue each second for abnormalities.

The Department of Surgery (tissue typing/immunology laboratory) acquired a similar Analyzer in February. Their equipment has been successfully used to identify abnormalities on immune cell surfaces in patients with immune disorders. Transplant patients and victims of AIDS and lupus have already benefited from this technology.

The new tool will be used to detect the presence of normal or abnormal chromosomes, the size of the nucleus and cytoplasm, and any attachment of abnormal proteins. Definitive diagnosis of borderline malignancies and earlier detection of cancer cells will now be

possible.

Not only will this technology be a bonus as a clinical tool, it will provide research information about the early stages and metastasis of cancer.

Victims of arthritis may be one step closer to relief from this devastating malady as science has made advances into identifying the possible cause of arthritic pain.

An MCG research team from the Department of Pharmacology and Toxicology, including Research Scientist Dr. Hiroshi Okamoto, Department Chairman Dr. Lowell Greenbaum and Post-Doctoral Fellow Dr. Aydin Barlas has pegged T-kinin as the possible culprit which causes the inflammation and swelling associated with this disease.

Supported by an NIH grant, the team has produced a form of arthritis in rats by injecting a killed-bacteria solution into the animal's left hind paw. Following the injection, the site swells and the symptoms progress to other areas of the body, much as they do in the human manifestation of this disease. The inflammation lasts about a month at the injection site with the most acute symptoms peaking at two weeks.

When the blood of the animals was examined, the scientists discovered a "tremendous increase" in the level of the substance from which T-kinin is derived; "More than 12 times the increase over normal," says Okamoto.

The mother-substance (T-kininogen) served as a measure in the experiments because T-kinin is so rapidly destroyed in the body's fluid, it is impossible to gauge its presence. A correlating relationship was established between the severity of the swelling and the amount of T-kininogen in the blood.

The kinin system is no stranger to the scientific community, but the identification of the T-kinin derivative was. Basically, kinins are peptides released from protein precursors by enzymes. Two kinin derivatives were identified about 40 years ago. T-kinin was discovered by the MCG researchers last year.

The next step will be to determine whether this system exists in humans and to identify the still-unknown enzyme which causes T-kinin to be released. "If we can stop the release of kinin we may be able to stop the inflammation," Okamoto says. "Maybe in the future we can apply this knowledge to humans. It's an important step in developing a treatment for arthritis."

Scientists will be discussing this and similar developments in October at the Kinin '84 International Congress in Savannah. Greenbaum, whose license plate sports the label "KININ," is president of the upcoming conference.

MCG researchers have further deciphered the mystery of cell biology, identifying a "missing link" which may have promising implications to multitudes of patients, including victims of glaucoma, cancer, cardiovascular diseases and mental disorders.

Dr. Ata Abdel-Latif, professor of cell and molecular biology; Dr. Rashid A. Akhtar, assistant professor; and their associates pinpointed the process which activates the release of calcium ions within a cell. This substance is necessary for many physiological functions such as production of ocular fluids, muscular contraction and secretion of pancreatic enzymes. Their work was cited in the April 20, 1984, issue of **Science** magazine.

"This discovery is so important," says Latif, "that it's going to change our whole concept of how cells respond to external stimuli." With this knowledge scientists will have an edge in developing drugs to control certain diseases.

About 10 years ago Latif began investigating the properties of the eye's iris. The iris consists of smooth muscle cells, which regulate the amount of light entering the eye, and a ciliary body, which secretes fluid into the eye and thus maintains intraocular blood pressure, a performance gone awry when glaucoma strikes.

It was known that neurotransmitters (substances released by nerves) interact with protein receptors in the cell membrane, resulting in the liberation of calcium ions within a cell. The precise chemical activity which provokes the stimulation of these ions was not understood.

Supported by grants from the National Institutes of Health, the MCG team found that after the neurotransmitter binds to the cell's receptor, it consequently reacts with a neighboring lipid substance, which they identified as polyphosphoinositide. Several other international laboratories have since confirmed this finding.

In addition to identifying this "missing link," Latif and his collaborators conducted further studies to determine how this substance works. When the lipid material is activated, they discovered that it splits into two molecules: inositol trisphosphate and diacylglycerol.

The inositol trisphosphate travels to the cell interior and acts upon the stored calcium ions, freeing them and allowing the cell to complete its function, for example, muscular contraction. Other scientists have found that the diacylglycerol molecule is involved in the secretion of proteins, hormones and neurotransmitters, among other activities, and indirectly, can lead to the cell proliferation which occurs in cancer.

Latif, who just received a $500,000 grant from NIH to continue his work, plans to further investigate the ocular aspects of this process. "We will better understand the mechanisms of action of drugs in the eye," he predicts. "For instance, we will be able to devise better drugs to treat glaucoma."

Other researchers are already busy studying how these chemical actions might provide more information about the processes involved in cancer and mental disorders.

"The implications" says Latif, "are enormous."

Latif says that this was not a serendipitous discovery. "Nothing was known about lipid metabolism in the iris when we started. It took research, planning, working hard for many years and having a good group of people. In addition, the cooperation of the people at MCG made it possible to make these discoveries.

"It takes years of patience to make a discovery which can lead to more important developments. This is the beef of science." ■

CLASS NOTES

SCHOOL OF ALLIED HEALTH SCIENCES

Department of Physical Therapy

Mary Fitzgibbons Dorman, '78, Atlanta, is a senior staff therapist at Crawford Long Hospital.

Terry T. Vaughn, '78, Greenville, SC, is director of Ex-Spo, Greenville Institute for Exercise and Sports Medicine. For the past two years he has served as clinical director of sports rehabilitation for the office of Vaughn, Seward and Buchanan.

SCHOOL OF DENTISTRY

William B. Nipper Jr., '73, Jacksonville, FL, and wife wish to announce the birth of a son, William Matthew, born November 1, 1983.

Stanley J. Anderson, '74, Appling, and wife, Susan, have three boys: ages 7, 4, and 2.

Richard C. Mathis, '75, Spartanburg, SC, and wife, Jane, have a son, David Carl, 4, and a daughter, Deborah Jane, 1. Mathis built a new dental office in July 1982.

John W. Vollenweider, '78, LaGrange, and wife, Claire, have two children, Paul Michael, 3, and Leigh Anne, 7 months. In March 1984, Vollenweider was inducted into the Society for the Preservation of Oral Health, the nation's oldest national dental study club.

Mark S. Morelock, '83, Daleville, AL, completed his general practice residency at Fort Jackson, SC, and transferred to Fort Rucker.

SCHOOL OF MEDICINE

David D. Fulghum, '62, Bradenton, FL, has been elected to fellowship in the American College of Physicians. He is on the staff of the Blake Memorial Hospital and Manatee Memorial Hospital and a clinical faculty member of the University of Miami School of Medicine.

James C. Judy, '69, Savannah, is chief of staff-elect for Candler General Hospital. Judy is a volunteer of Medical Emissaries to Develop Independent Countries and has been on two missions to Haiti. He is a fellow of the American College of Surgeons, and a diplomate of the American Board of Urology.

Hugh Hodges, '69, Winder, and wife, **Donna Owens,** BSN, '66, have three children: Mitzie, 14; Scott, 11; and Heath, 9.

William A. Clary, '79, Savannah, a neurologist, has joined the medical staff of Candler General Hospital.

Michael Graham Loar, '80, Littleton, CO, completed his family practice residency in Portland, Oregon, in June 1983. Currently in private practice, Loar and his wife, **Lorie,** BSN, '79, have two sons: Jesse, 3, and Timothy, 1.

SCHOOL OF NURSING

Maidana Knott Nunn, '58, BSN, Milledgeville, has been awarded the Senior Flight Nurse Badge for completing 250 flying hours performing patient care.

Joyce Ferrell, '64, BSN, Sparta, is a nurse surveillance officer at Central State Hospital in the Infection Control Program of the Medical-Surgical Center.

Norma Jean Melcolm, '66, BSN, Baltimore, MD, received a Ph.D. in educational administration from the University of Maryland, December 1983.

Emily Manly Bronstein, '67, BSN, Harker Heights, TX, is a nursing instructor at Central Texas College. She and her husband have one child and are anticipating a move to Anchorage, Alaska.

Sandra Hartsfield Sexauer, '67, BSN, Wadmalaw Island, SC, and husband, James, wish to announce the birth of Amy Nicole, October 10, 1983.

Peggy Toler Corbin, '69, BSN, Soperton, is director of quality assurance at Emanual County Hospital, Swainsboro.

Nancy Morton Daniels, '69, BSN, Augusta, is stationed at Fort Gordon.

Patricia R. Cook, '71, BSN, '79, MSN, Evans, is assistant professor of nursing at MCG. She and her husband, Barry, have two children: Tracy, 11, and Frank, 7.

Lynn Trapnell Latimer, '71, BSN, Augusta, works part-time in labor and delivery at MCG. She has two sons: Drew, 10, and Benjamin, 3.

Jean Rawlings Sumner, '73, BSN, '74, MSN, Wrightsville, has completed her sophomore year of medical school at Mercer University School of Medicine.

Elise Middlebrooks Couch, '74, BSN, Charleston, SC, is married and employed by Trident Anesthesia Group at North Trident Regional Hospital.

Anne Turner Henson, '76, BSN, Birmingham, married Robert F. Henson IV, in December 1983. She is assistant professor at the University of Alabama School of Nursing.

Shannon Swain Brown, '77, BSN, '80, MSN, Thomasville, and husband, Samuel, wish to announce the birth of Seton Samuel, January 29, 1984.

Virginia Keith Fackler, '77, BSN, Santa Monica, CA, is employed by Nu-Med Medical Inc, Encino, as the Corporate Director for Professional Relations. In June, she started graduate school for a master's in management. She is engaged to Grayson Norquist, M.D.

Ann Lizabeth Garrigues, '77, MSN, Fayetteville, AK, is a member of the nursing faculty at the University of Arkansas. She was selected as an Outstanding Young Woman of America in 1983.

Sandra Roddy Jungers, '77, BSN, Peachtree City, is sales and educational representative for Bimeco Inc., a distributor of medical products in Georgia and Florida.

Martha M. Rumph, '77, BSN, Augusta, is director of special surgical and psychiatric nursing units at University Hospital. She and her husband have four sons.

Betty C. Beaman, '79, MSN, Augusta, has a new grandson, Tony Alan Henthorn, born December 8, 1983.

Dorothy J. Srembo, '80, BSN, Seoul, Korea, received an army commendation medal for meritorious service in anesthesia department at Fort Eustes, Virginia, while serving as chief of anesthesia in the nursing department. Currently, she is chief of anesthesia in the nursing department at 121st Evacuation Hospital. She was a part of the emergency medical team at the DMZ when President Reagan visited Korea in November.

Jimmie Jackson Ryals Jr., '79, MSN, Johnson City, TN, is a first lieutenant in the US Air Force stationed at Whiteman AFB, Missouri. He and his wife **Rosellen Becker,** OT, '80, have one son, Michael.

Caryl Peden Griffin, '80, MSN, Kingsport, TN, is community relations director of Indian Path Pavilion, a psychiatric hospital.

Ellen A. "Dee" Johnson, '80, MSN, Cantonment, FL, is employed at Sacred Heart Hospital, Pennsacola, as director of the critical care and emergency department of nursing. She and husband, David Glen, a pilot for Pumpkin Air Inc., have one daughter, Jennifer Leigh, 4.

Mary Margaret Northington, '80, BSN, Birmingham, AL, is a staff nurse on the hematology/oncology unit at University Hospital and is completing the master's degree program in Adult Health Nursing at the University of Alabama.

Karen Lee Drummond, '83, BSN, Decatur, is assistant nursing supervisor of the Adult Psychiatric Program, Parkwood Hospital, Atlanta.

The 1983-1984 Bench Mark

July 1, 1983, through June 30, 1984

Thanks to you, the 1983-1984 Annual Fund year was the strongest in MCG history. Overall giving showed an increase of 94 percent, compared to the previous year. Equally significant was the 72.5 percent increase in the size of the average gift, jumping from an all-time high of $81.20 in 1982-1983, to this year's average of $141.07. Gifts in excess of $1,000 are not counted in Annual Fund totals, and this increase is not attributable to one or two exceptionally large gifts.

We are now well into the 1984-1985 Annual Fund year. This Bench Mark section of MCG Today is designed to serve as a special thank-you to all of you who gave last year. It is also a special request for continued help. If you have questions about the Leadership Giving Clubs, or about the Annual Giving Clubs, please write to: Coordinator, The Special Giving Clubs, MCG EA-100, Augusta, Georgia 30912.

The Presidents Club

Each member of The Presidents Club has personally or through an organization, contributed or pledged $50,000 or more to MCG through the MCG Foundation.

The following list (as of June 30, 1983) honors those who have shown unselfish generosity and genuine concern for the betterment of education at MCG:

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and Mrs. Marcine M. Gresham
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Dr. W. Stewart Flanagin
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The Georgia Academy of Family Physicians
Represented this year by
Dr. John Ed Fowler, President
and Mrs. Elizabeth Fowler
Clayton, Georgia

The Georgia Railroad Bank and Trust Company
Represented by Mr. Charles Presley,
Chairman of the Board
and Mrs. Jane Presley
Augusta, Georgia

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and Mrs. Rita Goldstein
Atlanta, Georgia

Ms. E. Louise Grant,
Dean Emeritus
MCG School of Nursing
Augusta, Georgia

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Mrs. Corrie Ann Mears Maxwell
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Vice Chancellor for Health Affairs
and Mrs. Charlotte O'Rear
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The Founders Club

Each member of The Founders Club is an individual (no organizations) who has personally contributed or pledged $10,000 or more through the MCG Foundation. The following list honors this distinguished group which is committed to excellence in education, research and service at MCG:

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The Aesculapius Club

Members of The Aesculapius Club contribute $250 or more each year. The Aesculapius Club year begins on July 1 of each year. Programs supported by this group are primarily those which cannot be funded by governmental sources, or those which suffer serious consequences due to delayed funding. Aesculapius Club members receive a handsome walnut desk case inlaid with brass initially, and special add-ons are presented for each year thereafter.

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The Associates of The Aesculapius Club

The Associates are recent graduates of the Medical College of Georgia. The membership fee is $50 to $99 per fiscal year. This may be recouped almost entirely by participation in MCG continuing education programs. Eligibility expires five years from the date of graduation. Further information can be obtained by writing to: The Aesculapius Club, MCG Alumni House, Augusta, Georgia 30912.

William Ashmore Clary, MD
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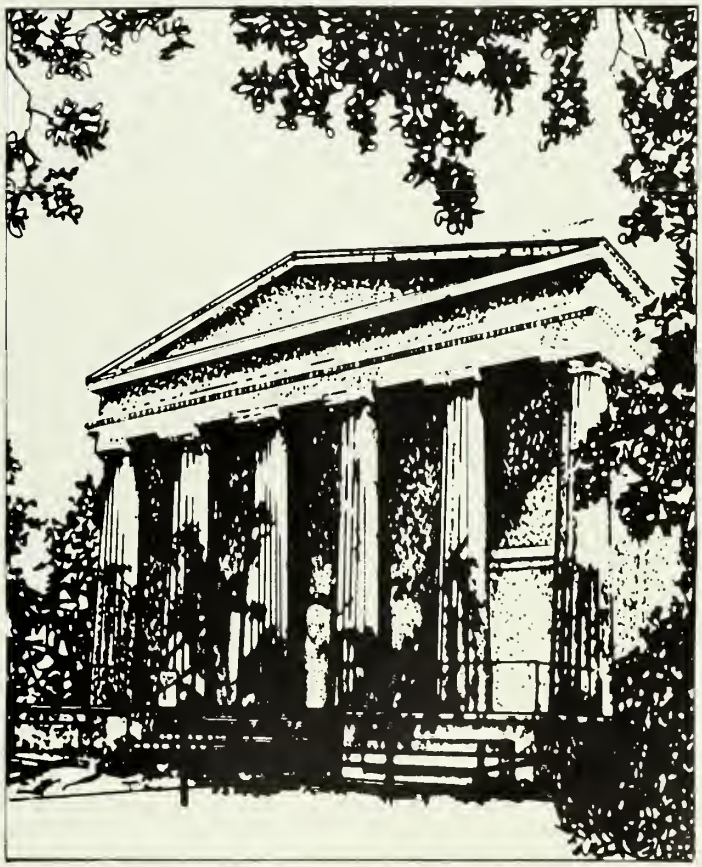

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It is the goal of the *Bench Mark* to give a special "thank you" to every donor who contributed between July 1, 1983, and June 30, 1984, and particularly to those who qualified for membership in a special giving club. Every gift, regardless of size, is sincerely appreciated.

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